MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-033214
STATE FILE NUMBER

Registration District No. 290 Primary Registration District No. 5985 Registrar's No. 119

DO NOT WRITE ON THIS STUB — AMENDED

VS 300
Rev. 4/59

10850
20850
3 2
4 1
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

BY AFFIDAVIT OF

DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

FILED SEP 10 1963

1. PLACE OF DEATH
a. COUNTY: Pulaski
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Fort Leonard Wood
Length of stay in 1b: 3 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: US Army Hospital
Inside Limits: Yes XX No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Pulaski
c. CITY OR TOWN: Waynesville
Inside Limits: Yes ☐ No ☒ X
d. STREET ADDRESS (If outside, give location): Cline's Trailer Court
Reside on Farm: Yes ☐ No ☒ X

3. NAME OF DECEASED (Type or print): First MARGA Middle (Crawford) Last HILL

4. DATE OF DEATH: Month August Day 28 Year 1963

5. SEX: Female

6. COLOR OR RACE: Caucasian

7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☒ X

8. DATE OF BIRTH: 1931

9. AGE (last birthday): 32
IF UNDER 1 YEAR Months Days
IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (City and state or country): Germany

12. CITIZEN OF WHAT COUNTRY: Germany

13a. FATHER'S NAME: Ernest Hill

13b. MOTHER'S MAIDEN NAME: Mimi Lueddemann

14. NAME OF HUSBAND OR WIFE: n/a

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of servic: No

16. SOCIAL SECURITY NO.:

17. INFORMANT Address: Dr. Griffin, Union, Missouri, Med Center

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Hemorrhage
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Carcinoma of cervix - metastatic and invasive - stage 4
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ X

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 26 Aug 1963, to 28 Aug 1963 and last saw her alive on 28 Aug 1963
Death occurred at 4:10 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Melvin Hankin
MELVIN HANKIN, CAPT, MC

22b. ADDRESS: US Army Hospital Fort Leonard Wood, Missouri

22c. DATE SIGNED: 29 Aug 63

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

23b. DATE: 9/3/1963

23c. NAME OF CEMETERY OR CREMATORY: Memorial Cemetery

23d. LOCATION (City, town, or county) (State): Waynesville Mo

24. FUNERAL DIRECTOR ADDRESS: Moss-Williams Waynesville, Mo

25. DATE RECD. BY LOCAL REG.: 9-3-63

26. REGISTRAR'S SIGNATURE: Carlton Anderson

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Clarence Mock

Licensed Embalmer No. 4896

P. O. Address Waynesville, MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.